Aim: The aim of this pilot project is to embed the reflective practice facilitation model within all F&C County mental health clinics serving children and families in order to refine and improve the individual practices of clinicians through the integration of conceptual frameworks within the context of a relationship-based, mentor facilitation model.

“Reflective Practice Facilitation is a defined way of providing opportunities for individuals to think about the ways that the theories and ideas accumulated in various kinds of learning opportunities are translated into practice. It involves considering one’s feelings, the perspectives of others, and the social and contextual meaning of how services are delivered.”

Research and the evolution of reflective practice in the profession provides the basis to shift focus from solely administrative supervision toward reflective practice facilitation and practice in work with the very vulnerable populations we serve. Previous practice emphasized administrative supervision, accountability, documentation, and the mechanics of “case management.” Reflective practice and related facilitation involve a focus on relationships, qualitative improvement, support, and the investment of self in the intervention and treatment process.

Reflective practice is central to clinical work and is linked to best practices in service delivery. It is an opportunity to meet regularly with staff to discuss their experiences, thoughts, and feelings about their work. It incorporates the following (adapted from EHSNRC):

**Reflection:** To take a step back from work and examine it differently.

**Collaboration:** To share ideas and think about next steps.

**Predictability:** To schedule a regular time to meet to reflect on work.

**Relationship based:** To provide a secure consistent relationship where the staff feels trust, support and respect in the work they provide.

**Strengths based:** To identify unique strengths and support staff to utilize skills when facing challenging situations.

**Safety:** To provide a safe environment in which staff can be transparent and discuss own vulnerabilities while feeling supported to clinically grow.

**Professional growth:** Support skill building and clinical growth.
Proposal: Train all clinic managers, leads, and mental health clinicians in Reflective Practice Facilitation (RPF). MHD will permit participants who complete the 8 hour RPF training to participate in one, 2-hour reflective practice group on a monthly basis led by an experienced reflective facilitator. The two (2) hours per month will be considered part of the clinician’s administrative hours and will not be counted against productivity requirements. The PDSA cycle will be tracked over the course of 6 months to determine the possible benefit of implementing beyond F&C County clinics

Success measures:

1. Improve clinician’s and manager’s critical reflection and inquiry upon their work and willingness to apply knowledge, thinking, problem-solving and perspective taking techniques with their clients/staff.
2. Increase the sense of respect, interpersonal safety, trust and working alliance between team members; including manager to lead, lead to clinician, and clinician to family.
3. Improve satisfaction with work environment and increase understanding that reflection is a necessary and critical function of clinical practice and is supported within the Mental Health Department.
4. Improved client outcomes as a result of working with clinicians who are supported to reflect on their work and best practices.